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For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
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The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
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Applicant/Inventor	Signature
Attorney or Agent of record 31,185 A. Dean Olson Typed or printed name	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) (860)441-4904 Requester's telephone number	
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This collection of information is required by 37 CFR 1.383. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 midnets to complete in clinically galanting, proparing, and submitting the completed application from the USPTO. There will way depending upon the individual case. Any comments on the around of time you require to complete this form and/or suggestions for reducing the USPTO. There will way depending upon the individual case. Any comments on the around of time you require to complete this form and/or suggestions for reducing the will control, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Expertment of Commente, P.O. Box 1459, Alexandina, V.S. 2313-1450. DON OTS-SEN COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Step II Correspondence, Commissioner for Patient, P.O. Box 1459, Alexandina, VA 2213-14-09.

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